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Appending the Paperwork Reduction Act of 1995	no persons	Application Number	10/820,684		SS II GISDIAVS A VAIIG OMB CONIDO HUMBER.						
TRANSMITTAL FORM		Filing Date	04/07/2004	04/07/2004							
		First Named Inventor	MARTENS, Michael R.								
		Art Unit	3723								
(to be used for all correspondence after initial filing)		Examiner Name	WATSON, Robert C.								
Total Number of Pages in This Submission	Attorney Docket Number	3128.111	3128.111								
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ENCLOSURES (Check all that apply)  After Allowance Communication to TC											
Fee Transmittal Form		Drawing(s)			er Anowarice Communication to 10						
Fee Attached		icensing-related Papers			peal Communication to Board Appeals and Interferences						
✓ Assertance VParks		Petition			peal Communication to TC peal Notice, Brief, Reply Brief)						
Amendment/Reply	Petition to Convert to a			•							
After Final	Provisional Application Power of Attorney, Revocation			oprietary Information							
Affidavits/declaration(s)		hange of Correspondence Address			atus Letter her Enclosure(s) (please Identify						
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Document(s)											
Reply to Missing Parts/ Incomplete Application		•									
Reply to Missing Parts under 37 CFR 1.52 or 1.53											
under of or it 1.52 or 1.55											
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Firm Name											
Heisler & Associates											
Signature B											
Printed name Bradley P. Heisler											
Date 6-15-06			Reg. No.	35,892							
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PTO/SB/17 (01-06)
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TRANSPORTED TO THE Consolidated Appropriations Act, 2005 (H.R. 4818).			Complete if Known							
FEE TRANSMITTAL For FY 2006			Application Number 10/820,684							
			Filing Date	04/0	04/07/2004					
			First Named Inve	entor MAF	MARTENS, Michael R.					
✓ Applicant claims small entity status. See 37 CFR 1.27			Examiner Name	WAT	WATSON, Robert C.					
<del></del>		Art Unit 3723								
TOTAL AMOUNT OF PAYMENT (\$) 160.00			Attorney Docket	No. 3128	3128.111					
METHOD OF PAYMENT (check all that apply)										
Check Credit Card Money Order None Other (please identify):										
Deposit Account Deposit Account Number: Deposit Account Name:										
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)										
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee										
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under 37 CFR 1.16 and 1.17  WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card										
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FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)										
1. BASIC FILING, SEARCH, A					TION 5550					
FILI	NG FEES Small Entity	SEAF	RCH FEES Small Entity	-	TION FEES					
Application Type Fee		Fee (\$		Fee (\$)	Fee (\$)	Fees Paid (\$)				
Utility 300	150	500	250	200	100					
Design 200	100	100	50	130	65	•				
Plant 200	100	300	150	160	80					
Reissue 300	150	500	250	600	300	5.00-007-1				
Provisional 200	100	0	0	0	0					
2. EXCESS CLAIM FEES  Fee Description  Fee (\$)  Fee (\$)										
Fee Description Each claim over 20 (includi	ng Reissues)				50	25				
Each independent claim over	100									
Multiple dependent claims 360 180										
<u>Total Claims</u> <u>Extra</u> - 20 or HP =	Claims Fee (\$)	Fee	e Paid (\$)		Fee (\$)	Dependent Claims Fee Paid (\$)				
HP = highest number of total claims p					100 (0)	rectain (b)				
	Claims Fee (\$)		Paid (\$)			· · ·				
43 or HP =1x100 =100.00 HP = highest number of independent claims paid for, if greater than 3.										
3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer										
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50										
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)										
100 = / 50 = (round up to a whole number) x =										
4. OTHER FEE(S)  Non-English Specification, \$130 fee (no small entity discount)										
Other (e.g., late filing surcharge): One month extension of time fee 60.00										
CHOMITTED BY										
Signature P Q			Registration No. (Attorney/Agent)	5.892	Teleph	one 916-781-6634				
						6-15-06				
lame (Print/Type) Bradley P. Heisle	1				Date	P- 13-08				

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